Fill	in this information to identify your case:		
Deb	otor 1 John Oliver Hamilton, Jr First Name Middle Name Last Name		
Deb	First Name Middle Name Last Name Otor 2		
	use if, filing) First Name Middle Name Last Name		
Uni	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI		
Cas	se number 25-01014		
(if kn	lown)	_	ck if this is an nded filing
	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
info	as complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. 11: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	41,574.20
	1c. Copy line 63, Total of all property on Schedule A/B	\$	41,574.20
Par	t 2: Summarize Your Liabilities		
			liabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	107,988.91
	Your total liabilities	\$	107,988.91
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,623.21
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,622.59
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	ıl, family, or

Official Form 106Sum

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Debtor 1 John Oliver Hamilton, Jr Case number (if known) 25-01014

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,294.52

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	43,600.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	43,600.00

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Fill in this inform	nation to identify your	case and this filing:			
Debtor 1	John Oliver Hami				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
	nkruptcy Court for the:	SOUTHERN DISTRICT			
Office Otales Bar	ikruptcy Court for the.	- COOTTIENT DIOTNIO			
Case number _2	5-01014				☐ Check if this is an amended filing
					amended ming
Official Fo	m 1061/P				
_		- w4. r			
	e A/B: Prop		· · · · · · · · · · · · · · · · · · ·	Para Para Para Para Para Para Para Para	12/15
think it fits best. Be	as complete and accura space is needed, attach	te as possible. If two mari	vonce. If an asset fits in more than or ried people are filing together, both a orm. On the top of any additional pag	are equally responsible for s	upplying correct
Part 1: Describe	Each Residence, Building	, Land, or Other Real Esta	ate You Own or Have an Interest In		
1. Do you own or h	ave any legal or equitable	e interest in any residence	e, building, land, or similar property?	?	
■ No. Go to Part	2				
Yes. Where is					
	and property.				
Part 2: Describe	our Vehicles				
Part 2. Describe	Tour vernicles				
3. Cars, vans, tru □ No ■ Yes	cks, tractors, sport ut	ility vehicles, motorcy	:les		
3.1 Make: T	oyota	Who has an int	erest in the property? Check one		claims or exemptions. Put
	lighlander	Debtor 1 only			red claims on Schedule D: nims Secured by Property.
	014	Debtor 2 only	•	Current value of the	Current value of the
Approximate		000 □ Debtor 1 and	•	entire property?	portion you own?
Other inform	ation:	☐ At least one	of the debtors and another		
			s is community property	\$4,320.00	\$4,320.00
		(see instruction	ns)		
Examples: Boat No Yes Add the dollar	s, trailers, motors, person	onal watercraft, fishing von	entries from Part 2, including an	accessories ny entries for	\$4,320.00
Part 3: Describe	our Personal and House	ehold Items			
		able interest in any of t	he following items?		Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

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D	ebtor 1	John Oliver	Hamilton, Jr Case number	(if known) 25-01014
6.		old goods and f es: Major appliar	furnishings nces, furniture, linens, china, kitchenware	
		Describe		
				_
			Household Goods	\$2,555.00
7.	□No	es: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanner phones, cameras, media players, games	s; music collections; electronic devices
			Electronics	\$2,000.00
8.	Example No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stons, memorabilia, collectibles	amp, coin, or baseball card collections;
9.	Example No	ent for sports a es: Sports, photo musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis	s; canoes and kayaks; carpentry tools;
10	■ No		s, shotguns, ammunition, and related equipment	
11	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
			Clothing	\$500.00
			County	
	■ No □ Yes. B. Non-far Examp □ No		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watche birds, horses	s, gems, gold, silver
			Pets	\$30.00
	■ No □ Yes.	Give specific inf	d household items you did not already list, including any health aids you did formation of all of your entries from Part 3, including any entries for pages you have atta	ached
		ort 2 Write that		\$5,085.00

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1 John Oliv	er Hamilton, Jr		Case number	(if known) 25-0	1014
Part 4: Describe Your Fir	nancial Assets				
	ny legal or equitable interest	in any of the following?		p D	urrent value of the ortion you own? o not deduct secured aims or exemptions.
□ No	ou have in your wallet, in your	home, in a safe deposit box, and	on hand when you file y	our petition	
			Cash	-	\$5.00
		counts; certificates of deposit; shats with the same institution, list ea		okerage houses,	and other similar
■ Yes		Institution name:			
	17.1. Checking	KFCU			\$819.00
	17.2. Savings	KFCU			\$0.00
	17.3.	Venmo			\$19.55
	17.4.	CashApp			\$1,189.62
	17.5.	AppleCash			\$0.00
	17.6.	PayPal			\$0.00
		orokerage firms, money market ac	ecounts		
■ Yes	Institution or issue Robinhood	er name:			\$0.53
	Robinhood				\$0.00
19. Non-publicly traded joint venture		porated and unincorporated bu	isinesses, including a	n interest in an	
	information about them Name of entity:		% of owners	nip:	
	Iron Price Rentals	LLC	100	%	\$0.00
	Iron Price Manage	ement LLC	100	%	\$0.00

Official Form 106A/B Schedule A/B: Property page 3

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John Oliver Hamilton, Jr				Case number (if known) 25-01014			
		Iron Price Univers	al Holdings LLC	%	\$0.00		
Neg Non ■ No	otiable instruments -negotiable instrum	include personal checks, ca	gotiable and non-negotiable instractions ashiers' checks, promissory notes, ransfer to someone by signing or d	and money orders.			
	•		403(b), thrift savings accounts, or	other pension or profit-sharing	plans		
■ Ye	s. List each accoun	t separately. Type of account:	Institution name:				
			IRA		\$15,000.00		
			New York 401(k)		\$135.50		
	s uities (A contract fo	or a periodic payment of mor	Institution name or individ				
	·····	suer name and description.					
	S.C. §§ 530(b)(1), §	on IRA, in an account in a 529A(b), and 529(b)(1).	qualified ABLE program, or und	er a qualified state tuition pro	ogram.		
		stitution name and descripti	on. Separately file the records of a	ny interests.11 U.S.C. § 521(c)	:		
■ No	-	ture interests in property (other than anything listed in line	e 1), and rights or powers exc	ercisable for your benefit		
Exai ■ No	mples: Internet dom		and other intellectual property eeds from royalties and licensing a	greements			
27. Licer	n ses, franchises, a <i>mples:</i> Building per	and other general intangib	oles operative association holdings, liqu	uor licenses, professional licens	ees		
		ormation about them					
Money o	or property owed t	o you?			Current value of the portion you own? Do not deduct secured		

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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D	ebtor 1 John Oliver Hamilton, Jr		Case number (if known)	25-01014
28.	. Tax refunds owed to you □ No			
	■ Yes. Give specific information about the	nem, including whether you already fi	ed the returns and the tax years	
		Federal Tax Refund		\$5,000.00
		State Tax Refund		\$5,000.00
		EIC		\$5,000.00
29.	 Family support	ny, spousal support, child support, m	aintenance, divorce settlement, property	y settlement
30.	Other amounts someone owes you Examples: Unpaid wages, disability insubenefits; unpaid loans you m No Yes. Give specific information.		sick pay, vacation pay, workers' compe	ensation, Social Security
31.	 Interests in insurance policies Examples: Health, disability, or life insur □ No ■ Yes. Name the insurance company of 		credit, homeowner's, or renter's insura	nce
	Company r		Beneficiary:	Surrender or refund value:
	Life Insu	rance - no cash value		\$0.00
32.	 Any interest in property that is due yo If you are the beneficiary of a living trust someone has died. ■ No □ Yes. Give specific information 		ce policy, or are currently entitled to rec	eive property because
33.	Claims against third parties, whether Examples: Accidents, employment disposed No ☐ Yes. Describe each claim			
34.	Other contingent and unliquidated cla No Yes. Describe each claim	aims of every nature, including cou	nterclaims of the debtor and rights to	o set off claims
35.	. Any financial assets you did not alrea	dy list		
	■ No □ Yes. Give specific information			
36	5. Add the dollar value of all of your en for Part 4. Write that number here			\$32,169.20

Official Form 106A/B Schedule A/B: Property page 5

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Deb	otor 1 John Oliver Hamilton, Jr		Case number (if known)	25-01014	
Part	t5: Describe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ate in Part 1.		
_	Do you own or have any legal or equitable interest in any business-relate	ed property?			
	No. Go to Part 6.				
	Yes. Go to line 38.				
Part	t 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.		
46.	Do you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?		
	■ No. Go to Part 7.				
	Yes. Go to line 47.				
Part	Describe All Property You Own or Have an Interest in That You	u Did Not List Above			
_	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	?			
	■ No □ Yes. Give specific information				
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here			\$0.00
Part	List the Totals of Each Part of this Form		•		,
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5	\$4,320.00			
57.	Part 3: Total personal and household items, line 15	\$5,085.00			
58.	Part 4: Total financial assets, line 36	\$32,169.20			
59.	• • • •	\$0.00			
60.	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$0.00			
61.	Part 7: Total other property not listed, line 54 +	\$0.00			
62.	Total personal property. Add lines 56 through 61	\$41,574.20	Copy personal property to	otal	\$41,574.20
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$41	,574.20

Official Form 106A/B Schedule A/B: Property page 6

Fill in this info	rmation to identify your	case:		
Debtor 1	John Oliver Hami	ilton, Jr		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number	25-01014			
(if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exem	pt
---	----

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2014 Toyota Highlander 200000 miles Line from Schedule A/B: 3.1	\$4,320.00		\$4,320.00	Miss. Code Ann. § 85-3-1(a
Line Holli Schedule A.B. 3.1			100% of fair market value, up to any applicable statutory limit	
Household Goods Line from Schedule A/B: 6.1	\$2,555.00		\$2,555.00	Miss. Code Ann. § 85-3-1(a
Line from Schedule A/B. G. I			100% of fair market value, up to any applicable statutory limit	
Electronics Line from Schedule A/B: 7.1	\$2,000.00		\$2,000.00	Miss. Code Ann. § 85-3-1(a
Life from Schedule Arb. 1.1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	Miss. Code Ann. § 85-3-1(a
Line from Scriedule Arb. 11.1			100% of fair market value, up to any applicable statutory limit	
Pets Line from Schedule A/B: 13.1	\$30.00		\$30.00	Miss. Code Ann. § 85-3-1(a
LINE HOLL SCREAULE A/D. 13.1			100% of fair market value, up to any applicable statutory limit	

De	btor 1 John Oliver Hamilton, Jr			Case number (if known)	25-01014
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Cash Line from Schedule A/B: 16.1	\$5.00	•	\$5.00	Miss. Code Ann. § 85-3-1(a)
				100% of fair market value, up to any applicable statutory limit	
	IRA	\$15,000.00			Miss. Code Ann. § 85-3-1(e)
	Line from Schedule A/B: 21.1		•	100% of fair market value, up to any applicable statutory limit	
	New York 401(k)	\$135.50			Miss. Code Ann. § 85-3-1(e)
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
	Federal Tax Refund Line from Schedule A/B: 28.1	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(j)
	Line Ironi Scredule A/B. 20.1			100% of fair market value, up to any applicable statutory limit	
	State Tax Refund Line from Schedule A/B: 28.2	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(k)
	Line Holli Schedule A/D. 20.2			100% of fair market value, up to any applicable statutory limit	
	EIC Line from Schedule A/B: 28.3	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(i)
	Line Holli Schedule Arb. 20.0			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption				
	(Subject to adjustment on 4/01/28 and every	3 years after that for ca	ases fi	led on or after the date of adjustmen	t.)
	No				
	Yes. Did you acquire the property cover	red by the exemption wi	itnin 1	,215 days before you filed this case?	<i>!</i>
	□ No □ Yes				
	☐ 1€3				

Fill in this infor	mation to identify your	case:		
Debtor 1	John Oliver Hami	Iton, Jr		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
Case number	25-01014			
(if known)				☐ Check if this is an
				amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

·				
Fill in this info	ormation to identify your	case:		
Debtor 1	John Oliver Hami	ilton, Jr		
	First Name	Middle Name	Last Name	
Debtor 2	First Name	National Disease	Laurina	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the:	SOUTHERN DISTRIC	CT OF MISSISSIPPI	
Case number	25 04044			
(if known)	25-01014		п	Check if this is an
			_	amended filing
				3
<u>Official Fo</u>	orm 106E/F			
Schedule	E/F: Creditors W	/ho Have Unse	cured Claims	12/15
Schedule D: Cre left. Attach the C name and case i	editors Who Have Claims Sec Continuation Page to this pag number (if known).	cured by Property. If more ge. If you have no informa	n 106G). Do not include any creditors with partially secured claim space is needed, copy the Part you need, fill it out, number the e tion to report in a Part, do not file that Part. On the top of any add	ntries in the boxes on the
	t All of Your PRIORITY Ur			
-	ditors have priority unsecure	ed claims against you?		
No. Go t	to Part 2.			
☐ Yes.				
Down On Line	4 All of Vous NONDDIODI	TV I I management Claims		
	t All of Your NONPRIORIT			
3. Do any cree	ditors have nonpriority unse	cured claims against you	?	
☐ No. You	have nothing to report in this p	part. Submit this form to the	court with your other schedules.	
Yes.				
unsecured of	claim, list the creditor separatel	y for each claim. For each	order of the creditor who holds each claim. If a creditor has more the claim listed, identify what type of claim it is. Do not list claims already in the transfer of the tran	ncluded in Part 1. If more
				Total claim
4.1 Acco	ounts Receivable Ma	Last 4 dig	gits of account number	\$1,396.48
	ority Creditor's Name			<u> </u>
_	Box 638	When wa	s the debt incurred?	
	s, TN 38242 er Street City State Zip Code	As of the	date you file, the claim is: Check all that apply	
	ncurred the debt? Check one.		and you me, me claim of chook all that apply	
■ Det	btor 1 only	☐ Contir	gent	
	btor 2 only	☐ Unliqu		
	btor 2 only btor 1 and Debtor 2 only	☐ Disput		
	least one of the debtors and an	_ ''.	IONPRIORITY unsecured claim:	
		olilei		
⊔ Che debt	eck if this claim is for a com	illulity	ttions arising out of a separation agreement or divorce that you did not	
	claim subject to offset?	9	priority claims	
■ No		☐ Debts	to pension or profit-sharing plans, and other similar debts	
☐ Yes		■ Other.	Specify	

Debto	John Oliver Hamilton, Jr		Case number (if known) 25-01014				
4.2	Baptist Medical Center	Last 4 digits of account number		\$1,411.87			
	Nonpriority Creditor's Name 1225 N State St Jackson, MS 39202	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.	• ,	,				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify					
4.3	Baptist Memorial Hosp	Last 4 digits of account number		\$1,392.30			
	Nonpriority Creditor's Name P.O. Box 745336 Atlanta, GA 30384-5336	When was the debt incurred?					
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.	,					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	Other. Specify					
4.4	Discover Financial	Last 4 digits of account number	8459	\$14,118.00			
	Nonpriority Creditor's Name	_		****			
	Attn: Bankruptcy		Opened 10/17 Last Active				
	Po Box 3025 New Albany, OH 43054	When was the debt incurred?	1/29/25				
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply				
	Who incurred the debt? Check one.	•					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Credit Card	ı				
		CC. CPCOII y					

Debloi	John Oliver Hamilton, Jr		Case number (if known)	
4.5	Jpmcb	Last 4 digits of account number	6118	\$24,749.00
	Nonpriority Creditor's Name MailCode LA4-7100 700 Kansas Lane Monroe, LA 71203	When was the debt incurred?	Opened 08/22 Last Active 10/23	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	<u> </u>	
4.6	Mississippi Physicians Nonpriority Creditor's Name	Last 4 digits of account number		\$38.00
	P.O. Box 731584 Dallas, TX 75373	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		
4.7	MS Urology Clinic Nonpriority Creditor's Name	Last 4 digits of account number		\$41.96
	PO Box 116663	When was the debt incurred?		
	Atlanta, GA 30368 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify		

Debtor	1 John Oliver Hamilton, Jr		Case number (if known) 25-01014	
4.8	NeInet Nonpriority Creditor's Name	Last 4 digits of account number	1079	\$8,453.00
	Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 04/15 Last Active 12/09/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	ıl	
4.9	Nelnet	Last 4 digits of account number	0679	\$7,180.00
	Nonpriority Creditor's Name Attn: Claims Po Box 82505	When was the debt incurred?	Opened 01/12 Last Active 12/09/24	
	Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa		
4.1 0	Nelnet	Last 4 digits of account number	0779	\$4,503.00
	Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 08/12 Last Active 12/09/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
		Educationa	ıl	

Debio	John Oliver Hamilton, Jr		25-01014				
4.1 1	Nelnet	Last 4 digits of account number	1579	\$3,966.00			
	Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln. NE 68501	When was the debt incurred?	Opened 09/16 Last Active 12/09/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	■ Student loans	ration agreement or divorce that you did not				
	Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin					
	☐ Yes	Other. Specify	3 p. 10.00				
	— 163	Educationa	<u> </u>				
4.1							
2	Nelnet	Last 4 digits of account number	1279	\$3,777.00			
	Nonpriority Creditor's Name Attn: Claims Po Box 82505	When was the debt incurred?	Opened 08/15 Last Active 12/09/24				
	Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing					
	Yes	☐ Other. Specify					
		Luddationa					
4.1 3	NeInet Nonpriority Creditor's Name	Last 4 digits of account number	1479	\$3,721.00			
	Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 01/16 Last Active 12/09/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify					

Educational

Debtor	1 John Oliver Hamilton, Jr		Case number (if known)	25-01014	
4.1	Nelnet	Last 4 digits of account number	0979		\$3,689.00
4	Nonpriority Creditor's Name	-			*-,
	Attn: Claims Po Box 82505	When was the debt incurred?	Opened 01/13 Last 12/09/24	Active	
	Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar de	bts	
	□Yes	Other. Specify			
		Educationa	ıl		
4.1					
5	NeInet Nonpriority Creditor's Name	Last 4 digits of account number	1379		\$2,723.00
	Attn: Claims		Opened 01/16 Last	Active	
	Po Box 82505	When was the debt incurred?	12/09/24		
	Lincoln, NE 68501 Number Street City State Zip Code	As of the date you file, the claim i	in Chook all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	No	☐ Debts to pension or profit-sharin	g plans, and other similar de	bts	
	Yes	☐ Other. Specify			
		Educationa	ıl		
4.1	Nelnet	Last 4 digits of account number	1179		\$2,723.00
	Nonpriority Creditor's Name Attn: Claims Po Box 82505	When was the debt incurred?	Opened 08/15 Last 12/09/24	Active	
	Lincoln, NE 68501	· Accepted to the control of the con			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar de	bts	
	□ Yes	☐ Other. Specify	<u>-</u>		
		Educationa			

Debio	John Oliver Hamilton, Jr		25-01014	
4.1 7	Nelnet	Last 4 digits of account number	0879	\$1,446.00
	Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 01/13 Last Active 12/09/24	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset? No ☐ Yes	■ Student loans □ Obligations arising out of a sepa report as priority claims □ Debts to pension or profit-sharin □ Other. Specify	ration agreement or divorce that you did not g plans, and other similar debts	
	Li Yes	Educationa	<u> </u>	
4.1	Nelnet	Last 4 digits of account number	0579	\$1,419.00
8	Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501	When was the debt incurred?	Opened 01/12 Last Active 12/09/24	<u> </u>
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		Educationa	ıl	
4.1	Davier exetive Complete			£424.00
9	Perioperative Services Nonpriority Creditor's Name	Last 4 digits of account number		\$124.00
	234 E. CAPITOL ST Jackson, MS 39201	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	<u> </u>	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other, Specify		

Deb	or 1 John Oliver Hamilton, Jr	Case number (if known) 25-01014	
4.2	Precise	Last 4 digits of account number	\$70.40
0	Nonpriority Creditor's Name 3531 Lakeland Dr. Flowood, MS 39232	Last 4 digits of account number When was the debt incurred?	Ψ10.40
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify	
4.2			
1	Radiological Group	Last 4 digits of account number	\$32.60
	Nonpriority Creditor's Name P.O. Box 2989 Jackson, MS 39207	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.2 2	Radiological Group	Last 4 digits of account number	\$29.40
	Nonpriority Creditor's Name P.O. Box 2989	When was the debt incurred?	
	Jackson, MS 39207 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam's. Officer an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify	

Debt	or 1 John Oliver Hamilton, Jr			
4.2 3	Regions Bankcard	Last 4 digits of account number	5292	\$15,840.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1900 5th Ave N Hoover, AL 35203	When was the debt incurred?	Opened 05/22 Last Active 09/23	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit Card	<u> </u>	
4.2	Still Waters Counsel	Last 4 digits of account number		\$50.00
	Nonpriority Creditor's Name 199 Charmant PI Ridgeland, MS 39157	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.2 5	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	6855	\$5,062.00
	Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 02/21 Last Active 4/22/24	
	Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sena	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	radion agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	∏ Yes	Other Specify Charge Acc	count	

Debtor 1	John Oliv	ver Hamilton, Jr		Case nu	ımber (if known)	25-01014	
4.2	Гrustcare Н	lealth	Last 4 digits of account numbe	er			\$32.90
1 I	Nonpriority Cred PO BOX 14 Attn #24860	000	When was the debt incurred?				
1	Number Street	04915-4033 City State Zip Code the debt? Check one.	As of the date you file, the clai	m is: Check	all that apply		
ı	Debtor 1 on	ly	☐ Contingent				
I	Debtor 2 on	ly	☐ Unliquidated				
I	Debtor 1 and	d Debtor 2 only	☐ Disputed				
I	At least one	of the debtors and another	Type of NONPRIORITY unsecu	red claim:			
c	debt	s claim is for a community	☐ Student loans ☐ Obligations arising out of a se	eparation ag	reement or divorce	e that you did not	
_		bject to offset?	report as priority claims				
	No		☐ Debts to pension or profit-sha	aring plans,	and other similar d	ebts	
I	☐ Yes		Other. Specify				
Part 3:	List Others	s to Be Notified About a Dek	ot That You Already Listed				
is trying have m notified	to collect fro ore than one o for any debts	m you for a debt you owe to so creditor for any of the debts that in Parts 1 or 2, do not fill out o		r in Parts 1 dditional cr	or 2, then list the editors here. If yo	collection agency h	ere. Similarly, if you
Name and EMBCO			On which entry in Part 1 or Part 2 did y Line 4.6 of (<i>Check one):</i>		•	rity Unsecured Claims	3
P.O. Bo	x 650292					priority Unsecured Cla	
Dallas,	TX 75265-0		Last 4 digits of account number				
	d Address Rouchon Iis Ave.		On which entry in Part 1 or Part 2 did y Line 4.22 of (<i>Check one):</i>	☐ Part 1:	Creditors with Prio	rity Unsecured Claims	
	n, MS 3920		Last 4 digits of account number	■ Part 2:	Creditors with Non	priority Unsecured Cla	aims
Part 4:	Add the A	mounts for Each Type of Un	secured Claim				
		certain types of unsecured clai	ms. This information is for statistica	al reporting	purposes only. 2	8 U.S.C. §159. Add t	he amounts for each
typo o.	anooda oa oa				Tota	l Claim	
Total claims	6a.	Domestic support obligations	•	6a.	\$	0.00	
from Part	1 6b.	Taxes and certain other debts	you owe the government	6b.	\$	0.00	
	6c.	•	injury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priority uns	ecured claims. Write that amount here	. 6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a thro	ough 6d.	6e.	\$	0.00	
					Tota	l Claim	
Total claims	6f.	Student loans		6f.	\$	43,600.00	
from Part	2 6g.	Obligations arising out of a se you did not report as priority	eparation agreement or divorce that	6g.	\$	0.00	
	6h.		aring plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority here.	unsecured claims. Write that amount	6i.	\$	64,388.91	
	6j.	Total Nonpriority. Add lines 6f	through 6i.	6j.	\$	107.988.91	

ion to identify you	r case:			
John Oliver Han	nilton, Jr			
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
uptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
01014				
				Check if this is an amended filing
	John Oliver Han First Name First Name	John Oliver Hamilton, Jr First Name Middle Name First Name Middle Name uptcy Court for the: SOUTHERN DISTRICT	John Oliver Hamilton, Jr First Name Middle Name Last Name First Name Middle Name Last Name uptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI	John Oliver Hamilton, Jr First Name Middle Name Last Name First Name Middle Name Last Name uptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	<u> </u>		0.0.0		
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>

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					I
Fill in this	information to identify your	case:			
Debtor 1	John Oliver Hami First Name	Iton, Jr Middle Name	Last Name		
Debtor 2	i iist ivaille	Middle Name	Last Name		
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case numb	ber 25-01014				
(if known)					Check if this is an
					amended filing
Official	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
■ No □ Yes 2. With Arizon ■ No.		l lived in a community pr Nevada, New Mexico, Pu	r operty state or territo lerto Rico, Texas, Wash	'Y? (Community proper	rty states and territories include)
in line Form	2 again as a codebtor only if	f that person is a guaran	tor or cosigner. Make	sure you have listed	ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The co	reditor to whom you owe the debt les that apply:
3.1				☐ Schedule D. li	na
	Name			Schedule E/F,	
				☐ Schedule G, li	
-	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, lii	ne
	Name			Schedule E/F,	
				☐ Schedule G, li	
-	Number Street			_	
	City	State	ZIP Code		

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill in this informa	ation to identify your case:	
Debtor 1	John Oliver Hamilton, Jr	
Debtor 2 (Spouse, if filing)		
United States Ba	ankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI	
Case number (If known)	25-01014	Check if this is: ☐ An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed ■ Employed If you have more than one job, **Employment status*** attach a separate page with ☐ Not employed ■ Not employed information about additional employers. Occupation **Sales Associate Technology Coordinator** Include part-time, seasonal, or **Employer's name** Freedom Roads LLC St. Anthony Catholic School self-employed work. **Employer's address** Occupation may include student 2 Marriott Dr 1585 Mannsdale Rd or homemaker, if it applies. Lincolnshire, IL 60069 Madison, MS 39110 How long employed there? 1 Month 8 Months *See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,500.00 2. 3,717.20 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. \$ 3,717.20 2,500.00

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	John Oliver Hamilton, Jr		Case nur	mber (if known)	25-01014		
	Cop	y line 4 here	4.	For De	3,717.20	For Debtor non-filing s		
5.	Lict						,	
5.	5a. 5b.	all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$	594.75 0.00	\$	453.06 0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	148.69	\$	50.00	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$ 	226.03	\$ \$	78.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g. 5h.	Union dues Other deductions. Specify: Crit III	5g. 5h.+	\$	0.00	\$ + \$	0.00	
	on.	Accident	_ 511.+	\$ —	11.51 6.31	+ \$	0.00	
		Hosp Idemn	_	\$	11.70	\$	0.00	
		FSA	_	\$	81.25	\$	0.00	
		Travel/Tire		\$	10.01	\$	0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,090.25	\$	581.06	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,626.95	\$1	,918.94	
8.	8a. 8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Door Dash	_ 8f. 8g. _ 8h.+		0.00 0.00 0.00 0.00 0.00 0.00 77.32	_	0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	77.32	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2,7	704.27 + \$_	1,918.94	= \$4	,623.21
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depend			ed in <i>Schedul</i> e	e J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain lies					\$4	.,623.21
13.	Do y	you expect an increase or decrease within the year after you file this form? No. Yes. Explain:	?				monthly i	

Debtor 1	John Oliver Hamilton, Jr	Case number (if known)	25-01014
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Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	Door Dash	
How long employed	6 Months	
Address of Employer		

Official Form 106l Schedule I: Your Income page 3

Fill	in this information to identify your case:				
Deb	otor 1 John Oliver Hamilton, Jr		Check	if this is:	
			_	an amended filing	
	ouse, if filing)				ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF MIS	SISSIDDI		MM / DD / YYYY	
Office	led States Ballkruptcy Court for tine.	31331FF1	IV		
	25-01014 nown)				
	fficial Form 106J				
	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people a ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Pari	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expense</i>	es for Separate House	hold of Debto	r 2.	
2.	Do you have dependents? No	·			
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Son		1	Yes
		Daughter		2	□ No ■ x
		Daugillei			■ Yes □ No
					☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
	t 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sup blicable date.	you are using this for plemental <i>Schedule</i>	orm as a sup J, check the	plement in a Cha box at the top of	pter 13 case to report f the form and fill in the
	lude expenses paid for with non-cash government assistance				
	value of such assistance and have included it on <i>Schedule I</i> : ficial Form 106I.)	Your Income		Your expe	enses
4.	The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.	Include first mortgage	4. \$		850.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		100.00
5.	 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as he 	ome equity loans	4d. \$ 5. \$		0.00 0.00

Debtor 1 John Oliver Ham	ilton, Jr	Case num	ber (if known)	25-01014
S Utilities:				
 Utilities: 6a. Electricity, heat, nati 	ural gas	6a.	\$	325.00
6b. Water, sewer, garba	•	6b.	\$	50.00
_	ne, Internet, satellite, and cable services	6c.	\$	300.00
6d. Other. Specify:	ne, memor, sateline, and capie services	6d.	\$	0.00
. Food and housekeeping	sunnlies	7.	\$	1,225.00
. Childcare and children's	• •	8.	\$	0.00
. Clothing, laundry, and dr		9.	\$	
•	-	10.	\$	300.00
Personal care products a			·	97.00
Medical and dental exper Transportation leaders		11.	\$	150.00
 Iransportation. Include g Do not include car paymer 	as, maintenance, bus or train fare.	12.	\$	300.00
	creation, newspapers, magazines, and books	13.	\$	50.00
4. Charitable contributions		14.	·	0.00
	and religious donations	14.	Ψ	0.00
Insurance.Do not include insurance d	deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	assessed from your pay or moradod in imos 4 or 20.	15a.	\$	0.00
15b. Health insurance		15b.	·	0.00
15c. Vehicle insurance		15c.		200.00
15d. Other insurance. Spe	ocity:	15d.	·	0.00
	es deducted from your pay or included in lines 4 or 20.	130.	Ψ	0.00
Specify: Car Tags	es deducted from your pay or included in lines 4 or 20.	16.	\$	5.00
7. Installment or lease payr	ments:		Ψ	0.00
17a. Car payments for Ve		17a.	\$	0.00
17b. Car payments for Ve		17b.	·	0.00
17c. Other. Specify: At		17c.	*	100.00
17d. Other. Specify: St		17d.	·	470.59
	ny, maintenance, and support that you did not report		Ψ	470.33
	on line 5, <i>Schedule I, Your Income</i> (Official Form 106		\$	0.00
	te to support others who do not live with you.	,.,.	\$	0.00
Specify:	to to cappet canona and action and and action year.	19.		0.00
. ,	nses not included in lines 4 or 5 of this form or on S		ur Income.	
20a. Mortgages on other		20a.		0.00
20b. Real estate taxes	FF9	20b.	· -	0.00
20c. Property, homeowne	er's or renter's insurance	20c.		0.00
20d. Maintenance, repair	•	20d.	·	0.00
· ·	iation or condominium dues	20d. 20e.	·	
		20e. 21.		0.00
1. Other: Specify: Pet Ca	11 E		+Φ	100.00
2. Calculate your monthly e	expenses			
22a. Add lines 4 through 2	-		\$	4,622.59
•	expenses for Debtor 2), if any, from Official Form 106J-	-2	\$,
	The result is your monthly expenses.		\$	4,622.59
ZZU. MUU IIIIE ZZA AIIU ZZD	. The result is your monthly expenses.		Ψ	4,022.39
3. Calculate your monthly r	net income.			
	combined monthly income) from Schedule I.	23a.	\$	4,623.21
23b. Copy your monthly e	expenses from line 22c above.	23b.	-\$	4,622.59
				,
23c. Subtract your month	nly expenses from your monthly income.			0.00
The result is your m		23c.	\$	0.62
-		_		
4. Do you expect an increas	se or decrease in your expenses within the year after	r you file this	form?	
For example, do you expect to modification to the terms of yo	o finish paying for your car loan within the year or do you expect	your mortgage p	payment to incre	ease or decrease because of a
_	ui mortgage :			
■ No.				
☐ Yes. Explain h	nere:			

Fill in this info	ormation to identify your	case:			
Debtor 1	John Oliver Hami	Iton, Jr			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI		
Case number	25-01014				
(if known)	20 01014			_	heck if this is an mended filing
	rm 106Dec ation About a	ın Individual	Debtor's Sc	chedules	12/15
	people are filing together				
obtaining mor years, or both		n connection with a bank		i. Making a false statement, conce in fines up to \$250,000, or impriso	
Did you	pay or agree to pay some	one who is NOT an attor	rney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes	. Name of person			Attach Bankruptcy Petitic Declaration, and Signatu	
	nalty of perjury, I declare are true and correct.	that I have read the sum	nmary and schedules file	ed with this declaration and	
X /s/ Jo	ohn Oliver Hamilton, Jı	r	X		
Johr	Oliver Hamilton, Jr		Signature of	Debtor 2	
Date	April 22, 2025		Date		

E-111 to	. (1-116					
		nation to identify you				
Debte	or 1	John Oliver Ham First Name	nilton, Jr Middle Name	Last Name		
Debte						
(Spous	e if, filing)	First Name	Middle Name	Last Name		
Unite	d States Bar	kruptcy Court for the:	SOUTHERN DISTRICT C	OF MISSISSIPPI		
		5-01014				
(if knov	vn)				_	heck if this is an mended filing
Offi	cial For	m 107				
Sta	tement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/25
					equally responsible for supp	
		ore space is needed,). Answer every que:	•	this form. On the top of any	additional pages, write you	r name and case
Part	Cive D	, etails About Vour Ma	rital Status and Where You	Lived Refore		
				Lived Belole		
1. V	vnat is your	current marital statu	18 (
[■ Married □ Not marr	ried				
2. [Ouring the la	st 3 years, have you	lived anywhere other than	where you live now?		
	No					
	_	all of the places you I	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
ı	No					
[_	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
		,	,	,		
Part :	2 Explain	n the Sources of You	r Income			
F	ill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
Г	□ No					
	_	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$15,621.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

DU		niii Oiivei i	iaiiiiiloii, Ji		Oas	C Hulliber (II known)	23-01014	
			Del	otor 1		Debtor 2		
			Sou	urces of income eck all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last caler anuary 1 to	ndar year: December 3		Wages, commissions, uses, tips	\$65,500.00	☐ Wages, combonuses, tips	imissions,	
				Operating a business		☐ Operating a	business	
		dar year bef December 3	1 2022 \	Wages, commissions, luses, tips	\$54,114.00	☐ Wages, combonuses, tips	imissions,	
				Operating a business		☐ Operating a	business	
	winnings. List each No	İf you are filir	ng a joint case and	d you have income that y	est; dividends; money collectory received together, list it content to the complex tely. Do not include income to	only once under De	ebtor 1.	d gambling and lottery
				otor 1		Debtor 2		
				rces of income cribe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pay	ments You Mad	e Before You Filed for	Bankruptcy			
6.	□ No.	Neither De individual p During the No. Yes * Subject t	btor 1 nor Debto rimarily for a pers 90 days before yo Go to line 7. List below each opaid that creditor not include payro o adjustment on 4 r Debtor 2 or bot	onal, family, or household ufiled for bankruptcy, discreditor to whom you paing to not include paymertents to an attorney for the world and every 3 years the have primarily consumption on the have primarily consumption on the world and every 3 years the world and every 4 years the world and 2 years	Imer debts. Consumer debtal purpose." d you pay any creditor a total d a total of \$8,575* or more intended to the debtal to the	I of \$8,575* or mo in one or more pay gations, such as ch or after the date o	re? /ments and th illd support a f adjustment.	ne total amount you nd alimony. Also, do
		Yes	List below each oinclude payment		d a total of \$600 or more and bligations, such as child sup			
	Creditor	's Name and	Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for
	Only re	gular insta	llment paymen	ts.	\$0.00	\$0.00	☐ Mortgag ☐ Car ☐ Credit C ☐ Loan Ro ☐ Supplie ☐ Other_	Card epayment rs or vendors

De	btor 1 John Oliver Hamilton, Jr			Cas	se number (if kr	own) 25-01014	
7.	Within 1 year before you filed for bankrupte Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; rela control, or	tives of any ge owner of 20%	neral partners; partners or more of their voting	erships of whic g securities; ar	th you are a genered any managing	al partner; corporations agent, including one for
	No☐ Yes. List all payments to an insider.						
	Insider's Name and Address	Dates of	payment	Total amount paid	Amount you		this payment
8.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cost			yments or transfer a	any property o	on account of a c	lebt that benefited an
	■ No □ Yes. List all payments to an insider						
	Insider's Name and Address	Dates of	payment	Total amount paid	Amount yo		this payment ditor's name
Dа	rt 4: Identify Legal Actions, Repossession	ns and Fo	raclasuras				
9.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. ■ No □ Yes. Fill in the details.						
	Case title Case number	Nature o	of the case	Court or agency		Status of t	ne case
10.	Within 1 year before you filed for bankruptor. Check all that apply and fill in the details below. ■ No. Go to line 11. □ Yes. Fill in the information below. Creditor Name and Address	N.	y of your prop e the Property			arnished, attache	d, seized, or levied? Value of the
	Crounce riams and riamses				_	, and	property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details. Creditor Name and Address	otcy, did an	owed a debt?			ition, set off any	amounts from your Amount
					ta	aken	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a			perty in the possess	ion of an assi	ignee for the ben	efit of creditors, a
	☐ Yes						
Pa	rt 5: List Certain Gifts and Contributions						
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did yo	u give any gif	ts with a total value	of more than	\$600 per person	?
	Gifts with a total value of more than \$600 per person	Des	scribe the gifts	S		Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and						

Official Form 107

Debto	or 1 John Oliver Hamilton, Jr		Ca	ase number (if ki	nown) 25-01014				
14. W	Vithin 2 years before you filed for bankru	ptcy,	did you give any gifts or contributions	s with a total va	alue of more than	\$600 to any charity?			
	■ No								
	Yes. Fill in the details for each gift or co	ntribut	ion.						
	Gifts or contributions to charities that to more than \$600	otal	Describe what you contributed		Dates you contributed	Value			
	Charity's Name			,	ontributed				
P	Address (Number, Street, City, State and ZIP Code)	1							
Part 6	List Certain Losses								
	Vithin 1 year before you filed for bankrup r gambling?	tcy or	since you filed for bankruptcy, did yo	ou lose anythin	g because of the	t, fire, other disaster			
	No								
	Yes. Fill in the details.								
	Describe the property you lost and	Descri	ibe any insurance coverage for the lo	ss [Date of your	Value of property			
	how the loss occurred		e the amount that insurance has paid. List nee claims on line 33 of Schedule A/B: F	st penaing	oss	lost			
Part 7	7: List Certain Payments or Transfers								
40 14	Wishing 4 years before your filed for bordening	.4	: d	h a h a l f w a a w 4:					
	Vithin 1 year before you filed for bankrup onsulted about seeking bankruptcy or p			behalf pay or ti	ranster any prope	rty to anyone you			
	nclude any attorneys, bankruptcy petition pr			rices required in	your bankruptcy.				
] No								
	Yes. Fill in the details.								
F	Person Who Was Paid		Description and value of any prope	rty [Date payment	Amount of			
	Address		transferred		or transfer was	payment			
	Email or website address Person Who Made the Payment, if Not Yo	ou		r	nade				
	The Rollins Law Firm, PLLC		Filing fee, attorney fee, credit re	eport (2/05/2025	\$1,500.00			
	P.O. Box 13767		and credit counseling			, ,			
	Jackson, MS 39236								
_	trollins@therollinsfirm.com								
рі	Within 1 year before you filed for bankrup romised to help you deal with your credi to not include any payment or transfer that y	itors o	r to make payments to your creditors		ransfer any prope	rty to anyone who			
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any prope transferred		Date payment or transfer was	Amount of payment			
_	audi ess		transierieu		nade	payment			
E	Beyond Finance		Debt Consolidation	2	2024 - 2025	\$8,694.59			
	9525 Towne Centre Dr								
	Ste 100 San Diego, CA 92121								
_	Jan Diego, OA 32121								
tra In in	Within 2 years before you filed for bankru ransferred in the ordinary course of your clude both outright transfers and transfers and transfers and transfers that you have alrest No	busin made	ness or financial affairs? as security (such as the granting of a se						
	Person Who Received Transfer Address		Description and value of property transferred	Describe any payments repaid in excha	ceived or debts	Date transfer was made			
F	Person's relationship to you			paid iii excha	ange				

Det	btor 1 John Oliver Hamilton, Jr		Case	number (if known) 25-01014					
19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.								
	Name of trust	Description and	value of the property	transferred	Date Transfer was made				
Par	rt 8: List of Certain Financial Accounts	s, Instruments, Safe Depos	it Boxes, and Storage	Units					
20.	Within 1 year before you filed for bankru sold, moved, or transferred? Include checking, savings, money mark houses, pension funds, cooperatives, a No Yes. Fill in the details.	ket, or other financial accou	ınts; certificates of de	•	•				
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe				
21.	Do you now have, or did you have withit cash, or other valuables?	in 1 year before you filed fo	r bankruptcy, any saf	e deposit box or other depo	sitory for securities,				
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Coo	Who else had ac Address (Number, State and ZIP Code)		ribe the contents	Do you still have it?				
22. Have you stored property in a storage unit or place other than your home within ■ No □ Yes. Fill in the details.		r home within 1 year	before you filed for bankrup	etcy?					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Coo	Who else has or to it? Address (Number, State and ZIP Code)		ribe the contents	Do you still have it?				
Par	rt 9: Identify Property You Hold or Con	ntrol for Someone Else							
23.	Do you hold or control any property tha for someone.	at someone else owns? Inc	lude any property you	ı borrowed from, are storing	g for, or hold in trust				

No

Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP

Describe the property

Value

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Dei	ו וטו	John Oliver Hamilton, Jr		Ca	se number (# known) 25-01014				
24.	Has	any governmental unit notified you that No Yes. Fill in the details.	und	der or in violation of an environ	mental law?				
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
25.	Hav	Have you notified any governmental unit of any release of hazardous material?							
		No Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
26. Have you been a party in any judicial or administrative proceeding under any environmental law				mental law? Include settlements	s and orders.				
		No Yes. Fill in the details.							
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	t 11:	Give Details About Your Business or	Connections to Any Business						
27.	With	nin 4 years before you filed for bankrup	tcy, did you own a business or have an	y of	the following connections to a	ny business?			
		☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	eith	er full-time or part-time				
		■ A member of a limited liability comp	pany (LLC) or limited liability partnersh	ip (L	.LP)				
		☐ A partner in a partnership							
		☐ An officer, director, or managing ex	ecutive of a corporation						
		☐ An owner of at least 5% of the votin	ng or equity securities of a corporation						
		No. None of the above applies. Go to	Part 12.						
		Yes. Check all that apply above and fil	I in the details below for each business	S.					
		siness Name	Describe the nature of the business		Employer Identification numb				
		dress nber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security number or ITIN.				
	590	n Price Mangement LLC 00 Balcones Dr Ste 100 stin, TX 78731	Wholesales		Dates business existed EIN: 92-2961378 From-To 03/2023-present				
	59	n Price Rentals LLC 00 Balcones Dr Ste 100 stin, TX 78731	Rentals		EIN: 92-2932520 From-To 03/2023-present				

Asset Protection

EIN:

92-2871549

From-To 03/2023-present

Iron Price Universal Holdings LLC

30 N Gould St Ste R

Sheridan, WY 82801

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28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued	Include all financial
Yes. Fill in the details below.	
Name Date Issued	
Address (Number, Street, City, State and ZIP Code)	
Part 12: Sign Below	
with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ John Oliver Hamilton, Jr	-
John Oliver Hamilton, Jr Signature of Debtor 2 Signature of Debtor 1	
John Oliver Hamilton, Jr Signature of Debtor 2	
John Oliver Hamilton, Jr Signature of Debtor 2 Signature of Debtor 1	·m 107)?
John Oliver Hamilton, Jr Signature of Debtor 2 Date April 22, 2025 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official For No	'm 107)?

ation to identify your	case:		
John Oliver Hami	Iton, Jr		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
kruptcy Court for the:	SOUTHERN DISTRICT	OF MISSISSIPPI	
5-01014			
			☐ Check if this is an
			amended filing
ŀ	John Oliver Hami First Name First Name kruptcy Court for the:	John Oliver Hamilton, Jr First Name Middle Name First Name Middle Name kruptcy Court for the: SOUTHERN DISTRICT	John Oliver Hamilton, Jr First Name Middle Name Last Name First Name Middle Name Last Name kruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	П.,
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□No

Debtor 1 John Oliver Hamilton, Jr	Case number (if known)	25-01014
name:	Retain the property and redeem it.	□ V ₁ .
Description of	Retain the property and enter into a	☐ Yes
property	Reaffirmation Agreement.	
securing debt:	☐ Retain the property and [explain]:	
Scouling dobt.		-
Part 2: List Your Unexpired Personal Property Leases		
For any unexpired personal property lease that you listed in	n Schedule G: Executory Contracts and Unexpired	Leases (Official Form 106G), fill
in the information below. Do not list real estate leases. Une You may assume an unexpired personal property lease if th	expired leases are leases that are still in effect; the	lease period has not yet ended.
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name:		□ No
Description of leased		
Property:		☐ Yes
Lessor's name:		□ No
Description of leased		_
Property:		☐ Yes
Lessor's name:		□ No
Description of leased		_
Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		□ v _{ee}
Tropolity.		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
		Li res
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name:		П.,
Description of leased		□ No
Property:		☐ Yes
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicated my property that is subject to an unexpired lease.	intention about any property of my estate that sec	cures a debt and any personal
X /s/ John Oliver Hamilton, Jr	X	
John Oliver Hamilton, Jr	Signature of Debtor 2	
Signature of Debtor 1	- 3	
Date April 22, 2025	Date	
April 22, 2023		

E.II	this telegraphy to the telegraphy								
FIII II	n this information to identify your case:				heck on 22A-1Sı		lirected	in this form and in	n Form
Debt	John Oliver Hamilton, Jr				22A-130	ipp.			
Debt (Spou	tor 2 se, if filing)				■ 1. T	here is no pres	umptio	n of abuse	
	ed States Bankruptcy Court for the: Southern District	of Missis	sippi		á		nade ur	mine if a presump	
	e number 25-01014					`		,	
(if kno	wn)							ot apply now bec e but it could app	
					☐ Ch	eck if this is a	n ame	nded filing	
Off	icial Form 122A - 1								
	apter 7 Statement of Your Cu	rrent	Mor	nthly Inc	com	е			12/19
attach case i	complete and accurate as possible. If two married people is a separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted frying military service, complete and file Statement of Exempted It. Calculate Your Current Monthly Income	which the om a pres	addition umption	nal information of abuse beca	applies	On the top of a do not have pring	ny addit narily c	ional pages, write onsumer debts or	your name and because of
1.	What is your marital and filing status? Check one	only.							
	☐ Not married. Fill out Column A, lines 2-11.								
	☐ Married and your spouse is filing with you. Fill	out both C	Columns	A and B, line	s 2-11.				
	■ Married and your spouse is NOT filing with you	. You and	d your s	pouse are:					
	■ Living in the same household and are not le	nally sens	arated i	· Fill out both C	olumne	Δ and R lines	2-11		
	☐ Living separately or are legally separated. Fi	l out Colu	ımn A, liı	nes 2-11; do n	ot fill ou	it Column B. By	checki		
	penalty of perjury that you and your spouse are living apart for reasons that do not include evac							at you and your s	pouse are
10 the	Il in the average monthly income that you received from a 11(10A). For example, if you are filing on September 15, the 6- e 6 months, add the income for all 6 months and divide the tot ouses own the same rental property, put the income from that	month peri al by 6. Fill	iod would in the res	be March 1 through	ough Aug ude any i	ust 31. If the amount m	ount of your	our monthly income nonce. For example	varied during , if both
					Colur Debte		Debt	mn B or 2 or filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and cor	mmissio	ons (before al	\$	3,717.20	\$	2,500.00	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymer	nts from	a spouse if	\$	0.00	\$	0.00	
	All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3.	rt. Include old, your d spouse or	e regular lependei	contributions nts, parents,		0.00	\$	0.00	
	Net income from operating a business, profession		ı						
				tor 1					
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from a business, profession, or fa	arm \$	0.00	Copy here -	>\$	0.00	\$	0.00	
i	Net income from rental and other real property	· —							
			Deb	tor 1					
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						

Official Form 122A-1

0.00 Copy here -> \$

0.00

0.00

0.00

0.00

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Case number (if known) 25-01014

				Column A Debtor 1		Column B Debtor 2 or		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a benefit	under					
	For you \$	0.0	0					
	For your spouse \$	0.0						
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act. Also, except as so not include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that process on the exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter than the provision of title 10 other than chapter than the provision of title 10 other than chapter than the provision of title 10 other than chapter than the provision of title 10 other than the provision of title 10	ated in the next senten r allowance paid by the y, combat-related injury es. If you received any pay only to the extent the would otherwise be en	ce, do or retired at it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Spr Do not include any benefits received under the Social S		ount.					
	received as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, anr United States Government in connection with a disability disability, or death of a member of the uniformed servic sources on a separate page and put the total below	nanity, or international d nuity, or allowance paid y, combat-related injury	by the or					
	Doordash		_	\$	77.32	\$	0.00	
	·		_	\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		\$	3,794.52	+ \$ _	2,500.00	Total incom	6,294.52
Part	2: Determine Whether the Means Test Applies to	o You						-
12	Calculate your current monthly income for the year.	Follow these steps:						
	12a. Copy your total current monthly income from line 1	1		Сор	y line 11	here=>	\$	6,294.52
	Multiply by 12 (the number of months in a year)						X	12
	12b. The result is your annual income for this part of the	e form				12b		75,534.24
13.	Calculate the median family income that applies to	you. Follow these steps	s:					
	Fill in the state in which you live.	MS						
		4						
	Fill in the number of people in your household.	4						00 000 00
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp	ecified	in the separ	ate instruc	tions 13.	\$	89,229.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official		ck box	1, There is	no presur	nption of abus	e.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	f page 1, check box 2,	The pr	esumption o	f abuse is	determined by	y Form 1	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information on	this sta	atement and	l in any att	achments is tr	ue and c	orrect.
	χ /s/ John Oliver Hamilton, Jr							
	John Oliver Hamilton, Jr							
	Signature of Debtor 1 Date April 22, 2025							
	April 44, 4040							

John Oliver Hamilton, Jr

Debtor 1

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Debtor 1	John Oliver Hamilton, Jr	Case number (if known)	25-01014	
	MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this form	n.		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	:	Liquidation
\$24	45	filing fee
\$7	78	administrative fee
+ \$	15	trustee surcharge
\$3	38	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Mississippi

In r	re John Oliver Hamilton, Jr		Case No.	25-01014	
		Debtor(s)	Chapter	7	_
	DISCLOSURE OF COMPENSA	TION OF ATTO	RNEY FOR DE	BTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or in	ne petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to	
	For legal services, I have agreed to accept		\$	1,888.00	
	Prior to the filing of this statement I have received		\$	700.00	
	Balance Due		\$	1,188.00	
2.	\$338.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed compensation	on with any other persor	unless they are memb	pers and associates of my law firm	n
	☐ I have agreed to share the above-disclosed compensation we copy of the agreement, together with a list of the names of				
6.	In return for the above-disclosed fee, I have agreed to render le	egal service for all aspec	ets of the bankruptcy ca	ase, including:	
	 a. Analysis of the debtor's financial situation, and rendering as b. [Other provisions as needed] Pursuant to a pre-petition fee agreement: 		Ü		
	 Initial consult to explore and advise Client or Coordinate client's efforts to obtain credit or assist client in gathering list of creditors prepare and file the Voluntary Petition, List or consultance in the Columbian consultation. 	ounseling as require	ment to file bankru	ptcy filing	
	court jurisdiction for the client, including the - Contact creditors to stop any garnishments	Automatic Stay.	•		
	Pursuant to a post-petition fee agreement: - Filing the necessary schedules and stateme this is a valuable part of this Agreement and includes time spent by attorneys and other st - Attendance at the client's meeting of creditories. Review of and assistance with reaffirmation - Attendance at reaffirmation hearings	represents a signific aff professionals pro ors that is required in	ant part of the come	pensation for the firm; and ments.	

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

recovery.

- Any contested matter or adversary proceeding that the client may become involved in

If law firm is able to recover any garnshment fees, law firm shall be entitled to a 30% contingency fee of the

In re	John Oliver Hamilton, Jr	Case No.	25-01014
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

CERTIFICATION CERTIFICATION				
April 22, 2025 <i>Date</i>	Is/ Thomas C. Rollins, Jr. Thomas C. Rollins, Jr. 103469 Signature of Attorney The Rollins Law Firm, PLLC P.O. Box 13767 Jackson, MS 39236 601-500-5533 Fax: 600-500-5296 trollins@therollinsfirm.com			
	Name of law firm			